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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
submitted
with Initial
Filing

☐ Declaration
Submitted after Initial
Filing (surcharge
37 CFR 1.16 (e))
required)

Attorney Docket Number

PC10734A RTB

First Named Inventor

Frank R. Busch

COMPLETE IF KNOWN**Application Number**

To Be Assigned

Filing Date

Filed herewith

Group Art Unit

To Be Assigned

Examiner Name

To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

The use of Growth Hormone Secretagogues to Treat Systemic Lupus Erythematosus and Inflammatory Bowel Disease

(Title of the Invention)

the specification of which
☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/212,521	06/19/2000	

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DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 156, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number**Parent Filing Date (MM/DD/YYYY)****Parent Patent Number (if applicable)**

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith:

☐ Customer Number
or

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Lawrence C. Akers	28,587
Paul H. Ginsburg	28,718	A. Dean Olson	31,185
J. Trevor Lumb	28,567	Mervin E. Brokke	32,723
James T. Jones	30,561	Valerie M. Fedowich	33,688
Gregg C. Benson	30,997	Bryan C. Zielinski	34,462
Robert F. Sheyka	31,304	Robert T. Ronau	36,257
Grover F. Fuller Jr.	31,760	B. Timothy Creagan	39,156
Karen DeBenedictis	32,977	Alan L. Koller	37,371
Lorraine B. Ling	35,251	Jolene W. Appleman	35,428
Garth Butterfield	36,997	Kristina L. Konstas	37,864
Carl J. Goddard	39,203	Seth H. Jacobs	32,140
Raymond M. Speer	26,810	Martha A. Gammill	31,820
Jennifer A. Kispert	40,049	Gregory P. Raymer	36,647
Israel Nissenbaum	27,582	E. Victor Donahue	35,492
Deborah A. Martin	44,222	Todd M. Crissey	37,807
A. David Joran	37,858	Roy F. Waldron	42,208
Elsa Djuardi	45,963	Adrian G. Looney	41,406
Gabriel L. Kleiman	40,681	Jeffrey N. Myers	41,213
Adene K. Musser	37,895	Michelle A. Sherwood	36,271
Donna R. Grossu	47,284	Martha G. Munchhof	47,811
Allen J. Spiegel	25,749	Raymond D. Thompson	30,695
Robert T. Barker	41,597		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number
or Bar Code Label

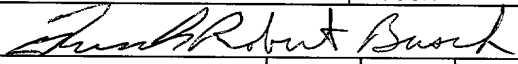
OR ☒ Correspondence address below

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Address	Pfizer Inc.				
Address	Patent Department, MS 4159, Eastern Point Road				
City	Groton	State	CT	Zip Code	06340
Country	United States Of America	Telephone	1-(860)-441-4901	Fax	1-(860)-441-5221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Frank Robert		BUSCH			
Inventor's Signature				Date	6/11/01
Residence: City	Gales Ferry	State	CT	Country	U.S.
Post Office Address	6 Pheasant Run Drive				
Post Office Address					
City	Gales Ferry	State	CT	Zip	06355
		Country	U.S.		

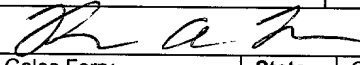
☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

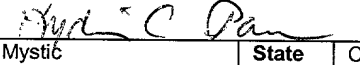
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Bruce A.				LEFKER			
Inventor's Signature						Date	6-11-2001
Residence: City	Gales Ferry	State	CT	Country	U.S.	Citizenship	U.S.
Post Office Address	21 Eagle Ridge Drive						
Post Office Address							
City	Gales Ferry	State	CT	Zip	06335	Country	U.S.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Lydia C.				PAN			
Inventor's Signature						Date	6-12-2001
Residence: City	Mystic	State	CT	Country	U.S.	Citizenship	U.S.
Post Office Address	8 Schooner Drive						
Post Office Address							
City	Mystic	State	CT	Zip	06355	Country	U.S.

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	